24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
GREAT AMERICA PAC	C C00608489	
	C 00000409	
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination	
BRILLIANT COMMUNICATIONS	08 01 Y Y Y Y Y Y	
Mailing Address 9305 SCHUBERT COURT	Amount	
City State Zip Code	20000.00	
VIENNA VA 22182	Transaction ID : SE24.104776 Date of Disbursement or Obligation	
Purpose of Expenditure ESTIMATED AUGUST MAIL VOTER CONTACT Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Off	ice Sought: House District:	
TRUMP, DONALD, J, ,	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Dis 202	sbursement For: Primary General Other (specify) ☐ Other (specify)	
Full Name of Payee	Date of Public Distribution/Dissemination	
CAMPAIGN SOLUTIONS	08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 117 N SAINT ASAPH ST	Amount	
City State Zip Code	50000.00	
ALEXANDRIA VA 22314	Transaction ID : SE24.104777	
Purpose of Expenditure Category/ Category/	Date of Disbursement or Obligation	
ESTIMATED AUGUST ONLINE VOTER CONTACT Type	08 01 2017	
	fice Sought: House District:	
TRUMP, DONALD, J, ,	X President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary General Other (specify) ☐ Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	70000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Backer, Dan, , , [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
GREAT AMERICA PÁC		
	C C00608489	
Check if 24-hour report		
Full Name of Payee	Date of Public Distribution/Dissemination	
CAMPAIGN SOLUTIONS	M M / D D / Y Y Y	
Mailing Address 117 N SAINT ASAPH ST	08 01 2017 Amount	
City State Zip Code	70000.00	
ALEXANDRIA VA 22314	Transaction ID : SE24.104779 Date of Disbursement or Obligation	
Purpose of Expenditure ESTIMATED AUGUST LIST RENTAL FEES Category/ Type	08	
Name of Federal Candidate Support Offic	ce Sought: House District:	
TRUMP, DONALD, J, , Oppose		
Calendar Year-To-Date Disb	pursement For: Primary X General	
Per Election for Office Sought 1687808.81 2020	Other (specify) >	
Full Name of Payee	Date of Public Distribution/Dissemination	
CAMPAIGN SOLUTIONS	08 01 2017	
Mailing Address 117 N SAINT ASAPH ST	2017	
	Amount	
City State Zip Code	40000.00	
ALEXANDRIA VA 22314	Transaction ID : SE24.104780 Date of Disbursement or Obligation	
Purpose of Expenditure Category/ Category/	Mam / Dab / Yayayay	
ESTIMATED AUGUST ONLINE DISTRIBUTION COSTS Type Type	08 01 2017	
Name of Federal Candidate Support Office	ce Sought: House District:	
TRUMP, DONALD, J, , Oppose	President Senate State:	
	pursement For: Primary X General	
Per Election for Office Sought 1687808.81	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	110000.00	
	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
24.0	08	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
GREAT AMERICA PAC	C C00608489
Check if 24-hour report 48-hour report New report Amends report	ort filed on
Full Name of Payee CONNELL DONATELLI, INC.	Date of Public Distribution/Dissemination
Mailing Address P.O. BOX 1877	08 01 2017 Amount
City State Zip Code	1000.00
ALEXANDRIA VA 22313	Transaction ID : SE24.104783 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED AUGUST ONLINE VOTER CONTACT Category/ Type	08 / 01 / 2017
Name of Federal Candidate	Office Sought: House District:
TRUMP, DONALD, J, , Oppose	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2020
Full Name of Payee	Date of Public Distribution/Dissemination
INFOCISION MANAGEMENT CORPORATION	08
Mailing Address P.O. BOX 932441	Amount
City State Zip Code	50000.00
CLEVELAND OH 44193	Transaction ID : SE24.104781 Date of Disbursement or Obligation
Purpose of Expenditure ESTIMATED AUGUST PHONE VOTER CONTACT Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
TRUMP, DONALD, J, , Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary 2020 Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 51000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Backer, Dan, , , [Electronically Filed] Date	e 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼	
GREAT AMERICA PAC	C00608489	
Check if 24-hour report 48-hour report New report Amends report filed on	/ D D / Y D Y D Y	
Full Name of Payee Date of Pu	ublic Distribution/Dissemination	
POLITICAL LIST BROKERS, LLC		
Mailing Address 107 S. WEST ST PMB 826 Amount		
	40000.00	
	10000.00 on ID : SE24.104782	
Purpose of Expenditure ESTIMATED AUGUST ONLINE VOTER CONTACT Category/ Type 08	isbursement or Obligation / 01	
Name of Federal Candidate	District.	
TRUMP, DONALD, J, , Support Office Sought: ** ** ** ** ** ** ** ** **	House District:	
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2020 Other	r: Primary X General (specify) ▶	
	ublic Distribution/Dissemination	
Mailing Address Amount		
City State Zip Code		
2(2)		
Purpose of Expenditure Category/ Type Date of Difference	isbursement or Obligation	
Name of Federal Candidate Support Office Sought:	House District:	
Oppose President	Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disbursement Fo		
Other	(specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	10000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1	
(c) TOTAL Independent Expenditures	241000.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
	01 / 2017	
Oignature		